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ABSTRACT

This paper discusses present child care provision for children of preschool age in the United States. After a brief historical preface that points out deficits and needed improvements in public school and infant programs, the discussion focuses on several aspects of established programs for 3- to 5-year-old children. In particular, research findings indicate that preschool intervention is both cost efficient and beneficial to the child and its family. Evidence shows that family care is in no way inferior to center care. Yet, despite many practical disadvantages of center care (i.e., building and administrative costs, distance from children's homes), it receives 80% of Federal day care support. A system that combines advantages of both kinds of care could be developed by linking day care centers serving as training and resource facilities to a large number of day care homes. Such a system could be started in any community with existing facilities, and would be a cost-effective way to expand services. Precisely how many children need day care is not known, but the figure may be close to 20 million. An estimated $3,500 per child per year would cover program costs and increase caregivers' salaries to a level sufficient to reduce staff turnover. Increased expenditure for day care is also required to provide a base from which operators of facilities can begin to meet, not ignore, state and federal standards. (Author/RH)

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CHILD CARE IN THE UNITED STATES

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CHILD CARE IN THE UNITED STATES

As a preface to the discussion of child care in the United States, I feel it necessary to remind--or inform--readers that the U.S. Government has been supporting day care for healthy children, under six years of age, since 1860, and that nursery schools were introduced into our country in 1876. This reminder is necessary, I think, because of the propaganda we hear from a small and noisy clique who think that the supervised care of children during their parents' working hours is a radical and somehow un-American idea. Federal support has regularly increased during wars and economic depressions and declined in the years between.

In general, our investments in child care have had more to do with our economy than with the needs of children. While public education at the elementary level began in the Massachusetts Bay Colony in 1643 for religious reasons, public support for elementary schools did not become universal until 1923. Public secondary schools started in the 1850's, and, until the second world war, only the City of New York provided a college education fully supported by public funds.

Because I want to focus on the preschool period in this report, let us quickly summarize the status of care of other age groups.

Public Schools, our largest child care institution, seems to be in the worst trouble of any. Academic achievement has been dropping steadily, vandalism, drug and alcohol abuse in the schools

have been rising, and the drop-out rate is approaching fifty percent. Federal investments in the schools have not seemed to make any noticeable improvement in either learning or social behaviour, and the increasingly common rejections of school bond issues has not apparently hastened the rate of decay. Since the schools are our principal and longest standing institution built upon local control and parental participation, and, at the State level is, with the exception of one state, the only major agency "protected" from political accountability to the Governor, we need to think carefully about the reasons for this apparent decline. Educational research has focused on the child; the problems seem to me to be systemic. Simply urging parents to participate is not likely to do the trick. Since we could spend all our time on this age group, let me just say one more thing about it.

The school day--indeed the school year--was designed to fit the schedule of the family farm, and is now firmly entrenched in personnel rules and union contracts. It no longer fits the schedule of parents who work away from home. After-school care has become increasingly important to families, and we know very little about what's happening. Our non-system of after-school care consists mainly of the programs of youth organizations, such as the Scouts and the Y, church groups and clubs, after-school sports leagues, private lessons, and the programs of local departments of parks and recreation. We are gradually developing a separate and segregated after school program for the poor, located primarily in federally subsidized day care centers--which, as we shall see, are our largest segregated system for children, and the only one in which racial segregation is protected by federal regulation.

There is virtually nothing known about the kinds and distribution of after school programs for American children. A small study in California, limited to 10-12 year olds is being joined by a small study now going on in Massachusetts. Neither was able to get federal research support, incidentally, and decisions are being made in the absence of even the simplest facts. Estimates of demand are currently guesses, and patterns of use of community resources by families are unknown. As United Fund support of these activities drops, we may see negative indicators of their use by families.

Let me turn to the other age of the spectrum--to the care of infants by non-relatives. The recent history of infant care may be an example of the overly enthusiastic application of research to policy issues. Until the 1940's, infant care was generally permitted under conditions in which infection could be avoided.

Foundling homes were the common means of storing neglected and abandoned infants, and infants commonly were cared for in hospitals because it was believed that a sterile environment was all-important. Rene Spitz's studies of the malevolent effects of prolonged separation from individual care, confirmed by Goldfarb's follow-up study of foundling home graduates produced a dramatic shift in public policy, and in many states group care of infants for any period of time was outlawed. The careful work of Mary Elizabeth Keister in Greensboro and Bettye Caldwell at Syracuse was designed to prove that group care of infants could be done without harm to the infants, and I think we now know that that's the case. We have very little data on the minimum

conditions necessary for safe infant care, and basically the research can't be done in this country. Perhaps Dr. Travers can tell us what he learned in the survey of infant centers he carried out recently. If you wish, I can report on the current findings of Kuno Beller in West Berlin and some observations in Sweden and Singapore. Basically infant care is expensive and may only be feasible within the framework of family day care. It is certain to become a major issue in the 80's, particularly in the middle class family. We can ignore the problem only at great cost to the nation's future. My reading of the research available tells me the following:

- Infants can learn far more, and at a far earlier age than most people recognize.

- Deprivations of any sort in infancy are more likely to produce permanent damage than deprivations at later ages. This is not to say that all damage in infancy is irreversible--it's just more dangerous.

- Continuity of the caregiver appears to be essential to healthy infant development. By paying minimum wages to infant caregivers we increase the danger of turnover of these important people.

- Infant care outside the parental home presents an invaluable opportunity for preventive health services and for cognitive and social stimulation. The additional costs of such program services are a small fraction of the cost of custodial care. A cost-effectiveness study is clearly indicated and, I hope, will be undertaken quickly. As demand for infant care increases, we will need to make some fateful decisions. Programs abroad show us what can be done--but also show us the need for an investment much greater than we seem willing to make.

Let us turn to the years from three to five--what, in this country we call the pre-school period.

Here again our established programs are no longer synchronous with family life. A bit less than half the states have kindergarten

programs for five year-olds. These are usually half-day programs which meet the needs of the somewhat less than half the population in which mothers are at home. The working mother must find someway to have her child's kindergarten schedule fit transportation to a day care program. For low-income families where the mother does work, busing for desegregation and transportation problems make kindergarten impractical--so it is becoming increasingly a middle class program in the schools.

Nursery school has become part of the common experience of perhaps half of middle and upper class children, and, perhaps a fifth of low-income children. Head Start provides nursery experience to poor children, and, in addition provides health and nutritional services. A growing number of Head Start programs are providing full day care, and some provide services for infants and toddlers as well as four year olds. Since the educational, health and social services of Head Start could easily be made part of all day care programs but won't as long as the private operators and local welfare commissioners block the relatively minor additions to current costs these preventive services provide.

The research findings are clear on that point; an organized instructional program during the preschool years can make for permanent and cost/beneficial positive benefits to low income children. The savings in the costs of later special education alone justify the cost of preschool interventions.

What about the effects of day care specifically? The evidence suggests several things:

- In the cognitive realm, high quality day care is good for low income children and doesn't harm other kids.

- Day-care children tend to be more cooperative, more verbal and less fussy and fearful than home-reared children.

- Day care does not adversely affect the child's attachment to his mother. The child does also relate to the caregiver, but not at the expense of the parental attachment. Nor does that attachment seem different than that of home-reared children.

- Day care children interact more with their age-mates than with adults. The reverse seems true for home-reared.

- Day care children are more cooperative with other children, and this effect seems to last into adolescence.

- Several studies report that day care children display more overt aggression, are more self assertive, less conforming and have less aversion to dirt than home-reared children. As Datta points out, this difference may well represent differences in the values and goals of traditional day care programs and typical parents. American nursery schools have tended to foster aggressiveness, freedom from constraints, especially about dirt, and self assertiveness.

- Ramey and his colleague found that mothers of day care children interacted more with their children than did home-reared, and Bronfenbrenner found the same thing true comparing Kibbutz children with home-reared Americans.

- What's the best kind of program? There is apparently no "best". All of the currently widespread curricula are associated with positive effects later. In our research we found that the verbal-centered programs were associated later with higher verbal achievement; the more conceptually-focused programs with higher math achievement.

In short, the research to date rejects the fears of day care critics. Day care helps kids who need help, it strengthens social skills, it does not disrupt attachment to the mother, and finally, Peters reports that the more satisfied a mother is with her child care arrangements, the more likely she is to report satisfaction with her marriage.

What kind of child care arrangements do mothers prefer? Here the evidence is quite clear. However, parents are apparently satisfied with any kind of care-structure. Parents whose children are in centers like them, those whose children are in family daycare homes are equally satisfied. In-home care is most preferred; care by a relative is next, then comes family day care, and last is center care. Indeed only a very small percentage of children in care are at centers--depending on the figures you use, it falls between six percent and 15 percent of all preschool children cared for by people other than their parents during the daytime hours.

Despite the small preference for center care, despite the enormous start-up and capital costs of a center, about 80 percent of federal support for day care goes to centers, and centers are the only kind of care one usually hears about in Washington.

I think we need to educate Washington policy makers to change this focus for several reasons.

First, we have no evidence that family care is in any way inferior to center care. But centers have certain practical disadvantages:

- A center for 100 children costs at least $200,000 to build. Even if we renovated 20 homes for family day care, it wouldn't cost so much.

- The administrative costs of a center far exceed administrative costs of a home-based program.

- Family day care homes are more likely to be closer to each child's own home than a center can be--except in large housing projects.

- A family day care home can be more flexibly responsive to the individual needs of families and children than a center can be.

- June Sale has demonstrated that it is practical--and cost efficient--to provide supplemental services to a cluster of family day care homes.

If I were designing a system today, I would combine the advantages of both kinds of care. I would relate a group of day care homes to a center which would serve as a training and resource facility. Let us imagine a center that has eight classrooms. Related to that center would be eighty day care homes.

The family day care mother would bring her charges to the center for a half-day each week. While the children learned and played with other children, and with the center's staff, the day care mothers would partake of inservice training. A nurse would see the children while they were in the center, and any special appointments would be set up there. The center would also provide substitutes when needed, and shelter for sick children or evening care when a mother was detained. Business affairs would be centralized and purchasing economics could be effected. In all, such a center would serve 500 children instead of 100, with the advantage of both centers and family day care homes. Such a system could be started in any community with existing facilities, and represents a cost-effective way to expand services.

The numbers of children in need of care are only imprecisely known. I figure the number to be not less than 15 million and probably closer to 20 million.

Several studies agree that the number in care at present is about 7.3 million. That figure makes me nervous; it's the same figure that we found in 1970, that the Consumer Study reported in 1975, and that Abt reports now.

I'm more comfortable with individual state reports. For example, Colorado, in 1978, had 200,000 children under five years of age, and

80,000 of those children had both parents in the labor force. Yet in February of this year, Colorado had only 40,000 licensed day care spaces--or half the apparent need. Since the Abt data is our most recent, let's apply their figures to Colorado to guess at where the children are:

32,000 in family day care
8,000 in day care centers
6,200 cared for at home by caregivers
20,000 cared for by relatives

Thus ~~134~~,000 have no formal day care arrangements or are in unlicensed facilities! I shudder to think of the possible long-term cost to society of our failure to help care for those ~~134~~,000 Colorado children!

One further observation. Although family day care is much preferred by parents, federal concentration on centers, and the concentration of federal services for the poor has produced de facto segregation in federally supported programs. About half the children in federally supported centers are black; the proportion of blacks in other forms and in otherwise supported programs range from 15 to 25 percent which is closer to the percentage of blacks in our total population.

What does day care cost? There is enormous variation. For this report I am limiting myself to full-day care of three to five year olds, for a full year.

In the Texas Day Care Cost Study of 1977 the figure is $1,125 per year. In Colorado the 1978 figure was $1,800. In New Mexico, the Kuschner Unit Cost Study comes up with $2,215. Abt reports an average of $1,630 for privately owned centers and $2,190 for publicly supported centers.

While the bases for these figures vary somewhat, the differences can be accounted for almost entirely by differences in the programs. On the whole, the public programs provided a greater number of and variety of supplementary services than the private centers, and states differ markedly in the richness of their programs. Colorado and New Mexico centers provide health, social and psychological services and have an educational design. Texas provides care only. In upstate New York, a county welfare department is spending $1,400 per child in its day care center while a center in the same county, supported by other public funds is spending twice that amount. The differences in the programs are striking.

Perhaps a more useful question would be: what should a program cost? If we're talking about low income children, and want to provide a good program in health, nutrition, education and social services, and want to insure meaningful family involvement, I estimate that we would need to spend about $3,500 per child per year--or twice our present level of expenditure. Not all of our present level, or this higher one, is real cash flow. It includes space, which might be donated, and specialists who might volunteer some time. My higher figure does include a decent wage for caregivers, who are now usually payed at or near minimum wage. These low wages can't attract trained people or hold them, or provide motivation for learning. Because continuity of care <u>is</u> important, the turnover which low wages encourage is really bad for the development of young children, and, I believe encourages the development of alienation.

Finally, I want to say a few words about the effects of regulation on child care.

States have typically only been concerned with safety, space, and sanitary conditions--not with program quality or content. Even so, it appears that many private operators don't want to meet even those minimal requirements, and my guess is that over half the private child care providers are unlicensed. Abt and others have pointed out that even in the federally supported centers, where the Federal Standards apply, that non-compliance is widespread. Since enforcement is virtually non-existent, and the licensing staff for a whole state may be one person, the standards are overwhelmed by pressures on budgets.

Private operators, lobbying against standards, threaten to close shop, stranding children whose mothers might then drop out of the labor market. The argument and threat are frequently effective. Congress did appropriate special money to help centers meet standards, but it appears that much of that money was diverted to other purposes by the States.

I think that standards must be set. I think they are only symbolic however, until we are willing to spend what it costs to protect and help the development of the people who will inherit our nation.

Now, there are lots of questions that research cannot answer. Present practices in support of research and evaluation are not likely to give us information that is clear and reliable. Child care is too important for quickie surveys limited to today's policy concerns. A program of basic research support, over enough years to follow long-term effects is essential. Other countries seem to understand this. I grow sad when I try to understand the difference between our rhetoric and our actions as they affect children and youth.

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